

# **EXHIBIT 27**

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maribel L. Mendoza

Participant's Address: P.O. Box 1124 Cidra, P.R. 00739

Participant's Email Address: \_\_\_\_\_

Name of Counsel: Titulo III Promesa

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 82150

Nature of Claim: Public Employee and Pension Retiree Claim

By: Maribel L. Mendoza  
Signature

RECEIVED

SEP 15 2021

PRIME CLERK

Title (if Participant is not an individual)

Sept 6, 2021  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Naribel L. Nendoza

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Prime Clerk LLC  
Grand Central Station  
P.O. Box 4850  
New York, NY 10163-4850

10163-485050

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Participant's Name: Maribel L. Mendoza

Participant's Address: P.O. Box 1124 Cidra, P.R. 00739

Participant's Email Address: \_\_\_\_\_

Name of Counsel: Titulo III Promesa

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 95325

Nature of Claim: Public Employee Claim

By: Maribel L. Mendoza

Signature

Maribel L. Mendoza

Print Name

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SEP 15 2021

Title (if Participant is not an individual)

PRIME CLERK

Sept. 6, 2021

Date

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Maribel L. Nendorra  
P.O. Box 1124  
Cidra, P.R. 00739

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Prime Clerk LLC  
Grand Central Station  
P.O. Box 4850  
New York, NY 10163-4850

10163-485050

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Participant's Name: Maribel L. Mendoza

Participant's Address: P.O. Box 1124 Cidra, P.R. 00739

Participant's Email Address: \_\_\_\_\_

Name of Counsel: Titulo III Promesa

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: The Commonwealth of Puerto Rico

By: Maribel L. Mendoza

Signature

Maribel L. Mendoza

Print Name

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Title (if Participant is not an individual)

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Maribel ~~L~~ Merdora  
P.O. Box 1124  
Cidra, P.R. 00739

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